

Dublin-Darlington Recreation Council

BASKETBALL REGISTRATION

WHERE

Dublin Elementary School:

& WHEN:

September 24th, October 1st, 8th or 15th, 2015 6 p.m. until 8 p.m.

COST: \$30.00 (clinic ages 5 – 6) Boys & Girls

\$70.00 (ages 7 – 15, first child)

\$60.00 (each additional child in same family; brother or sister)

Maximum Family Rate: \$160.00

Make Checks Payable To: Dublin-Darlington Recreation Council

Registration fees are non-refundable unless the program is

Cancelled by the Dublin-Darlington Recreation Council

Boys 7-15
&
Girls 7-16



SPACE IS LIMITED - SIGN-UP EARLY.

Teams play in the Northern Harford League.

All practices are on weeknights (days/times to be assigned).

Games are on Saturdays, beginning in December. Practice begins in November.

Clinic (5-6) does not travel; all other age groups will travel.

Clinic begins on Thursday, January 7, 2016 at 5:30 p.m.

For more information please contact:

Earl Lee at 410-836-3439 after 5:00 p.m.

Nathan Lucky at 443-307-6885

Child's Name: _____ Age _____ Date of Birth _____

☐ Male ☐ Female

Address: _____ Zip: _____

Parents' Name: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Has your child played team basketball before? ☐ Yes ☐ No

Is there a day your child can't participate? ☐ M ☐ T ☐ W ☐ Th ☐ F

Special considerations and/or medical conditions coaches should be made aware of?

By my signature below, I hereby permit my child/ward named above to play in the Dublin-Darlington Youth Basketball Program. I will not hold the officers of the Dublin-Darlington Recreation Council Dublin-Darlington Recreation Youth Basketball, nor the coaches responsible for any injuries sustained by my child/ward while participating in the program, including transportation to and/or from scheduled practices and games. I also understand that Dublin-Darlington Youth Basketball does not offer medical insurance and that I am liable for the costs of any medical services required as the result of any injury sustained by my child/ward during participation in this program. I also certify by my signature that my child/ward is physically fit to participate in this program.

Parent/Guardian Signature: _____ Date: _____

I wish to donate time to help with: ☐ coaching ☐ game day coverage ☐ fund raising ☐ other

Harford County Public Schools is not sponsoring, endorsing, or recommending the activities announced in this flyer/material.